Trillium Gift of Life Network **Annual Report 2009-2010**

More than 700 lives saved – An exciting year

Our success to date gives us a platform to achieve more tomorrow.

Gift of Life

Ontario

Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.

Vision

To be a world-class organization that enhances and saves lives through organ and tissue donation for transplantation.

Values

We are an effective, innovative leader in organ and tissue donation.
We work in an environment of honesty, trust, respect, compassion and cooperation.

Table of Contents

Message from the Minister of Health and Long Term Care 2
Message from the Chair of the Board and Chief Executive Officer 3
Organ donation – our most successful year ever 7
Tissue donation – reaching the target 8
Enhancing stakeholder relations – hitting our targets 10
Building awareness and encouraging consent registration 13
Continuing to build a strong organization 15
Continuing to be a workplace of choice 17
Conclusion – a solid foundation upon which to build 18

Appendix I

Charts for tissue – 2007/08, 2008/09 and 2009/10

Table 1 Tissue Donation by Tissue Type 19
Table 2 Tissue Donors by Hospital 19
Figure 1 Tissue Referrals and Donors 21
Figure 2 Tissue Approach and Consent 21
Figure 3 Call-Screen-Connect Strategy – TGLN/Hospital Consent Ratio 21

Charts for organs – 2007/08, 2008/09 and 2009/10

Table 1 Organ Donation Performance Indicator Results (Tier 1 Hospitals) 22
Table 2 Organ Donors from Ontario and Out-of-Province 22
Table 3 Deceased Organ Donors by Region and Hospital 23
Table 4 Number of Organs Recovered and Transplanted from Deceased Donors in Ontario 24
Table 5 Organ Transplant Yield per Deceased Donor in Ontario 24
Table 6 Organ Transplants in Ontario 25
Table 7 Living Kidney Transplants as a Percentage of all Kidney Transplants 25
Table 8 Living Liver Transplants as a Percentage of all Liver Transplants 26
Table 9 Waiting List for Organ Transplant 26
Table 10 Deceased Organ Donation Funding, Tier 1 Hospitals – April 1, 2009 to March 31, 2010 27
Table 11 Deceased Organ Donation Funding, Non-Tier 1 Hospitals – April 1, 2009 to March 31, 2010 28

Appendix II

Board of Directors as of March 31, 2010 29

Appendix III

TGLN Management Group as of March 31, 2010 30
Organ and Tissue Donation Coordinators as of March 31, 2010 30
Provincial Resource Centre Coordinators as of March 31, 2010 31

Audited Financial Statements 32

Message from Deb Matthews Minister of Health and Long-Term Care

Ontario

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This annual report highlights the achievements of a banner year. In 2009/10, the Trillium Gift of Life Network (TGLN) set a record for the highest number of deceased organ donations ever in the province's history – 221 to be exact, and 1,365 tissue donors.

Nearly 700 lives were saved through organ donation - and there's even more. In the short period since the Premier announced the recommendations of the Organ Donation Strategy, TGLN has worked hard to implement many new initiatives. Among these are multi-faith and youth outreach campaigns; clinical best practices to drive donation performance; and changes to consent for tissue donation. Perhaps most encouraging of all, donor registrations in Ontario increased by nine per cent between November 30, 2008 and December 31, 2009.

We are all proud of these terrific results, but there's still work to be done. The McGuinty Government is committed to work with you to continue educating people about the tremendous benefits of organ and tissue donation – to individuals, to families and to communities. We're committed to continue to reach out to young people, and to faith and aboriginal communities. And we're committed to inspire and motivate all Ontarians to register their consent to donate their organs and tissues.

I salute the leadership and staff of TGLN, the province's 8 transplant centres and the many health care professionals involved in hospitals and tissue banks for their exceptional dedication to improving organ and tissue donation and transplantation rates and services in the province.

I sincerely thank the many donors and their families for their generosity, which has helped and enriched many lives.

Deb Matthews

Deb Matthews
Minister

Message from the Chair and CEO

More than 700 lives saved – and thousands more enhanced

Fiscal year 2009/10 has been Trillium Gift of Life's most successful year to date. We are proud that an unprecedented 716 lives were saved and thousands more were enhanced through the generosity of 221 deceased organ donors and 1,365 tissue donors and their families. This success reflects the selflessness of donors and their families and was the culmination of sound planning, many years of steady progress, the generous support of the provincial government, and the continuing dedicated efforts of our healthcare partners, stakeholders and TGLN staff.

TGLN has matured into a high-performing organization comparable to other eminent organ and tissue donation agencies across North America. Our progress is due to three major changes we made this past year: improvements in donor registration, broader implementation of donation best practices and the launch of communication activities to make more Ontarians aware of the need for organ and tissue donation.

Working in partnership with the Ontario government we achieved further improvements to organ and tissue donor registration. We completed the conversion to an affirmative donor registration database in July 2009. Round the clock access to the affirmative donation decisions in the Ministry database by TGLN organ and tissue coordinators enhanced our ability to attain consent from families for donations.

Continued on page 4

We enhanced our Donor Family Aftercare Support Program, renewing materials provided to donor families to assist them from the consent decision point through the year following donation. The moving Celebration of Life ceremonies in Windsor, Hamilton, London and Toronto respectfully acknowledged the selflessness of our donors and their families. More than 464 donor family members from 67 donor families were present to receive medals in commemoration of donors. We also initiated phase one of the tissue donor recognition program with certificates signed by our CEO sent to each tissue donor family.

Joint efforts by TGLN and its 21 major hospital partners (known as Tier 1 Hospitals) to further apply proven best practices, which included timely referral, pre-approach planning, effective requesting and donation after cardiac death (DCD) resulted in improvements in donation performance. Our joint work with transplant programs to conduct organ-specific assessments, improve organ recovery processes and utilize post-recovery organ preservation techniques has also contributed to improved donor yield. Ontario now ranks among the top achievers for conversion rate, percentage of DCD cases and organ yield among organ procurement organizations in North America.

Fostering a learning environment has been an important component of our success. Facilitation of mentoring by colleagues in high performance centres, provision of training on value-based requesting for organ and tissue donation co-ordinators in all Tier 1 Hospitals and the creation and use of protocol and procedure templates in 21 hospitals to assist with donation situations has helped our hospital partners to learn and implement best practices. For our own staff, continuous learning has been encouraged through our daily internal reviews of all donations to find opportunities to improve consent rates and better support and manage donors to increase organ yield.

Our "Call-Screen-Connect" strategy that transferred donor approach consent from hospitals to our coordinators was fully implemented in 2009/10 with excellent results. It was designed initially in 2008/09 to improve requests for tissue donation by obtaining family consent over the telephone, using the value positive approach. We attained a 51 percent consent rate for tissue donation in Call-Screen-Connect hospitals, considerably above the industry standard of 35 percent. Consequently the number of tissue donors in fiscal year 2009/10 increased by more than 24 percent over 2008/09. Tissue donors provided 1,666 eyes to restore lost vision and we continue to work on increasing other tissue donations for bone grafts, heart valves and skin.

In terms of enhancing our public education and awareness, we concentrated on two large audience groups, youth and faith-based communities.

We developed a two-pronged approach to reach Ontario's young people both in the classroom and where they congregate online. We continued rolling out of the successful *One Life...Many Gifts* secondary school curriculum that was developed jointly with the Kidney Foundation of Canada and London Health Sciences Centre, providing more training for high school teachers in both public and Catholic school boards across Ontario. We also added a provocative, award-winning transit and online advertising

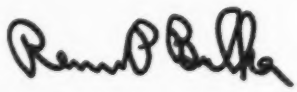
campaign in 34 cities targeted at young people aged 15 to 24. It drove them to an informative website, RecycleMe.org, to boost their awareness of the need for registered donors. The 12-week campaign boosted consent form downloads from our website by 400 percent.

We reached out to diverse ethnic communities by forming partnerships with some of Ontario's Aboriginal, Jewish, Muslim and Roman Catholic faith leaders. Our purpose was to respond to questions and concerns about organ and tissue donation within these communities. With their input we developed faith-specific brochures on organ and tissue donation. In a united effort, the new materials were distributed as part of an earned media campaign in September.

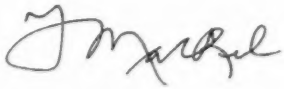
Throughout 2009/10 we also continued to leverage and improve our technology, further developing our information systems and reporting capability. We also introduced changes in programs, policies and procedures to improve our efficiency.

It has been a year of intense activity, throughout which we have received enthusiastic and committed leadership from the Board of Directors. We are appreciative of the collaboration from our partners and stakeholders: hospitals; tissue banks; transplant programs; volunteers and the provincial government. We are grateful to all TGLN staff for their diligent efforts and most especially we must express our gratitude for the generosity of our donors and donor families who have been able to see beyond their personal and private grief to help us to save and enhance lives.

Yet we cannot rest while approximately 1,600 people wait for life-saving organs and thousands more wait for life-enhancing tissue. We remain diligent and devoted to raising the numbers of registered donors from the current 17 percent of all Ontarians over age 16. We are positioned to increase organ and tissue donations by expanding our efforts and improving Ontario's donation performance. As we conclude our record-setting year, we believe a solid foundation has been set, upon which we can, and must, build and expand.



Rabbi Reuven P. Bulka
Chair



Frank Markel
President and CEO

Anne Marie Corrigan

"This donation (of bone and cartilage) made all the difference in my life and my family's as well."

While skiing in Quebec, Anne Marie Corrigan – an accomplished skier and vigorous athlete – had a sudden terrible fall. While in the air (during the airlift) she knew her leg had broken, but not how badly.

Doctors attempted several successive repairs. After each operation she remained on pain medication and walked with a cane and great difficulty.

"It didn't affect only me," she says. "I went from someone who enjoyed doing things with my husband and children to someone who couldn't do much of anything, not even climb the stairs easily."

Being too young for a knee replacement, her surgeon suggested she consider a transplant. Dr. Allan Gross – a pioneer in a particular transplant technique at Mount Sinai Allograft Technologies – agreed and Corrigan went on the waiting list.

"I am so grateful to that donor's family," Anne Marie says. "I would have lived in pain forever, unable to do anything."

More than 700 lives saved – an exciting year

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario.

Goals

Maximize organ and tissue donation for transplantation in partnerships with stakeholders	Deliver high quality efficient services and operations	Foster a positive organ and tissue donation culture amongst Ontarians	Position TGLN as a workplace of choice

Objectives for 2009/10 fiscal year

Achieve 53 percent TGLN conversion rate for organ donation at Tier 1 Hospitals, 201 donors and 3.75 organ yield per donor	Achieve a 35 percent consent rate and 93 percent recovery rate for tissue donation	Provide robust and timely information to aid organizational decision-making	Enhance stakeholder relations and ensure effective linkages	Encourage Ontarians to register consent to donate organs and tissue in the OHIP database	Enhance recruitment and retention of staff

Organ donation – our most successful year ever

Trillium Gift of Life Network (TGLN) has grown and developed since we assumed operations in 2002. We now rank among the leading organ and tissue donor organizations in North America.

Fiscal year 2009/10 was our most successful year ever. Our objective of attaining 201 deceased organ donors was surpassed through the gifts of a record 221 deceased organ donors and their families, enabling us to save an unprecedented 716 lives. Equal generosity from 1,365 tissue donors and their families enhanced the lives of thousands of others.

We were also successful in achieving our targeted organ donor conversion rate of 53 percent and came close to our targeted 3.75 organ yield per donor. We reached an average yield of 3.60 organs, which is among the highest rates for organ procurement organizations in North America.

Organ yield is affected by donor age and health. With improved health and safety measures in North America, many donors are now past mid-life. As well, there are increasing numbers of donors following cardiac death (DCD donors) where all organs may not be eligible for recovery. It is worth noting however, that the benchmark yield in North America for organs from DCD donors is 2.5 organs

Definitions

DCD – Donation after cardiac death
NDD – Donation following neurological death
OTDC – Organ and Tissue Donation Co-ordinator
PRELOD – Program for Reimbursing Expenses of Living Organ Donors
TOTAL – TGLN's clinical information system and data base
TPER – Transplant Patient Expense Reimbursement Program

per donor and we have reached 2.7 for this category. It is also worth noting that our "standard" donors provided an average of 4.35 organs compared to a benchmark of 4.25.

We expect the algorithm that we have devised for hospitals to standardize the testing required to assess heart function will increase the frequency with which hearts may be allocated and transplanted successfully. Kidneys recovered from all DCD and extended criteria cases are perfused on kidney pumps prior to transplantation to improve kidney function and post-transplant outcomes. We also focused on increasing liver utilization in DCD donors and changes have been made to the recovery process to improve the outcomes following transplant.

A large part of the success in maximizing organ yield has been in lung transplantation. University Health Network's lung transplant program, developed an ex-vivo or outside the body technique that allows for assessment and treatment of donor lungs that may have previously been unsuitable for transplant. This allows lungs to be repaired and transplanted from donors with damaged lungs. In addition, many lungs recovered from DCD donors have been successfully transplanted with the aid of this device. As a result, 30 percent of donor lungs are now suitable for transplant, which is well above the world average of 15 percent.

Contributing to our success in deceased organ donation was our ability to access the registration status of patients referred to TGLN that is recorded in the Registered Persons Data Base at the Ministry of Health and Long-Term Care (MOHLTC). Fiscal year 2009/10 was the first complete year in which this has been possible.

In 2009/10, 27 percent of our 221 deceased organ donors had registered their consent to donate. We found that when families had evidence of their loved ones' decision to donate, 89 percent of families agreed to honour their loved one's wishes. In the absence of a registered consent, only 52 percent agreed to organ donation. This highlights the positive impact of donor registration on consent rates and how increases in donor registration can drive growth in organ and tissue donation.

Joint efforts by TGLN and our 21 major hospital partners to further implement proven best practices led to improvements in donation performance in 2009/10. DCD accounted for 16 percent of the 221 deceased organ donations achieved this year. Ontario pioneered DCD in Canada in 2006 and now ranks with the top performers for percentage of DCD cases among organ procurement organizations in the U.S.

Since November 2008, daily "bullet rounds" also have played an important role in our success by allowing a real time review of donation cases. These forums continue to be an effective means of rapidly learning and sharing information across the organization, contributing to higher consent rates and better support and management of donors to increase organ yield.

Tissue donation – reaching the target

Enhancing our tissue donation services has been a key area of focus since 2007/08 following our submission of a Provincial Tissue Plan to the MOHLTC. We subsequently received $910,000 in one-time funding in each of the last three fiscal years to help increase our tissue donation referrals from hospitals, build a tissue consent and screening

program and expand eye recoveries. This support provided a strong base, enabling us to achieve 1,365 tissue donors providing 1,661 eyes suitable for transplant, and to meet our target of a 35 percent consent rate for tissue donation.

We sought a 93 percent recovery rate for tissue and we were just shy of meeting that target, attaining 90 per cent. TGLN's recovery rate objective was dependant on increased funding to enhance the multi-tissue recovery system in the province, as requested in the 2009/10 Business Plan. We submitted a revised multi-tissue donation and recovery proposal to the ministry on January 3, 2010, and shortly thereafter TGLN received an additional $500,000 to further enhance multi-tissue recovery in 2010/11. With continuation of this funding expected in 2010/11, we will be in a stronger position to further expand our tissue referrals and the recovery of eyes, heart valves, bone and skin.

A key factor that contributed to our success in tissue donation in 2009/10 was the expansion of the Call-Screen-Connect strategy to encourage and enhance tissue donation to 19 Tier 1 Hospitals across Ontario. This strategy, first launched in the summer of 2008, involved the transfer of responsibility for the approach and consent for tissue donation from health care professionals in hospitals to the Tissue Coordinators in TGLN's Provincial Resource Centre. Our Tissue Coordinators attained a 51 percent consent rate, considerably higher than the standard 35 percent achieved by other organ and tissue procurement organizations.

These coordinators were also given the tools they need and trained in value-based requesting, the recognized best practice for obtaining family consent. Value-based requesting is anchored by three principles:

- Most people will save a life if given the opportunity to do so;
- Most people will honour a loved one's wishes to donate;
- Donation is the right thing to do.

Eye donations were also increased through our Eye Recovery Program, established in the summer of 2008, to support eye donation in the Greater Toronto Area (GTA) and Central Ontario. Our Tissue Recovery Coordinators recovered 566 eyes (from 283 eye donors) in 2009/10. This represents a significant increase over the 308 eyes recovered in the 2008/09 fiscal year.

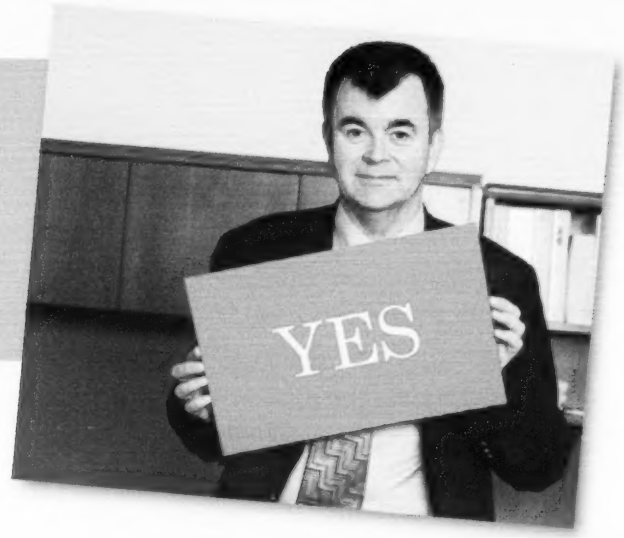
Margaret Lenny
Clinical Nurse Educator
Queensway Carleton Hospital, Ottawa

"The nurse's role as patient advocate encourages facilitation of organ and tissue donation at the end of life in ICU."

Dr. James N. Edwards

Regional Supervising Coroner Central Region - Toronto East

"My colleagues and I at the Office of the Chief Coroner and the Ontario Forensic Pathology Service will continue to work together to support organ and tissue donation whenever possible."



To enlarge our base of tissue referrals in 2010/11, we plan to extend the Call-Screen-Connect strategy beyond the intensive care units and emergency departments in Tier 1 Hospitals where it is currently used. We will implement the strategy in other units in Tier 1 Hospitals, as well as in identified Non-Tier 1 Hospitals. We will also work with our partners in the Ontario tissue community to increase heart valve, skin, bone and eye recovery capability.

Enhancing stakeholder relations – hitting our targets

TGLN continues to partner and find ways to work more effectively with our many stakeholders, including donor families, donation hospitals, transplant programs, tissue banks, government, the Office of the Chief Coroner and funeral homes to improve donation performance, implement new programs and bring about positive change.

We enhanced our Donor Family Aftercare Support Program, renewing materials provided to donor families to assist them from the consent decision point through the year following donation. The moving Celebration of Life ceremonies in Windsor, Hamilton, London and Toronto respectfully acknowledged the selflessness of our donors and their families. More than 464 donor family members from 67 donor families were present to receive medals in commemoration of donors. We also initiated phase one of the tissue donor recognition program with certificates signed by our CEO sent to each tissue donor family.

A strong partnership between TGLN and donation hospitals is fundamental to maximizing donation performance. We have reinforced and deepened our engagement with Tier 1 Hospitals by developing relationships with many levels of staff including senior leadership, critical care management, hospital organ and tissue donation champions and organ and tissue donation committees. Through joint development of hospital-specific work plans, we are securing hospital commitment and accountability for donation performance.

We support our hospital partners through continuing education of health care professionals, focusing on three key messages:

1) The importance of timely referral to TGLN to ensure the opportunity to donate is offered to those who can donate.

2) The influence of communication and end-of-life planning on the families' experiences and their decision to donate.

3) The positive outcomes associated with a trained TGLN coordinator on the families' choice to donate.

A number of tools such as templates for protocols, procedures, checklists, and standing orders for the care of organ donors were also developed to assist hospitals and other health care partners during donation situations.

We worked closely with our tissue donation partners outside of the hospital setting to identify opportunities to increase tissue donation. Collaboratively with the Office of the Chief Coroner we created an educational brochure describing how coroners and pathologists might have a positive effect on tissue donation. We developed a referral process together for coroners to use beginning in 2010/11.

Since many deaths occur outside of hospitals, we recognized that additional opportunities occur within funeral homes for the recovery of tissue. In 2009/10, we developed a successful partnership with select funeral homes that had self-identified as donation champions. We undertook a pilot project on the identification of potential donors in the funeral home environment in collaboration with MacKinnon and Bowes Ltd., a major funeral chain in Toronto. Donation potential was determined to exist for eye donation, but not for other tissue types. The initiative increased funeral home donations from 35 in 2008/09 to 64 in 2009/10. We will build on the partnership with MacKinnon and Bowes to enhance eye recovery capability and to develop a strategy that will reach out to other funeral homes in Ontario. MacKinnon and Bowes also committed to advertise National Organ and Tissue Donation Awareness Week 2010 (NOTDAW) in the national magazine for funeral homes and provide downloadable posters for funeral homes to display that promote organ and tissue donation consent registration as part of funeral pre-planning.

We also worked with the Mount Sinai Allograft Technologies (formerly Rubinoff Bone and Tissue Bank) – to identify opportunities for improvement. Our combined efforts resulted in a substantial increase to 85 bone donations in 2009/10 from 52 in 2008/09.

At the request of the MOHLTC, in 2009/10 we put the Transplant Patient Expense Reimbursement Program (TPER) into action to provide reimbursement for accommodation expenses for patients waiting for heart, lung and heart-lung transplants. Reimbursement is made for accommodation expenses if these patients require relocation to be waitlisted or for post-transplant care. We worked closely with the ministry and transplant program partners to implement this program and quickly respond to patient needs.

Also, TGLN completed a year-end review of the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). This provided feedback from program participants and living donor transplant programs to make further program improvements, including recommendations to the MOHLTC for policy changes to better meet the needs of living organ donors. In partnership with living donor transplant programs and the ministry, we were successful in making changes to PRELOD that will better support the national living donor paired exchange initiative.

Dan Pfaff

"Thank you for giving me another chance at life. It's one of the most unselfish things to give."

Dan Pfaff was born with cystic fibrosis and was told last year that he had reached the end stage of his illness. His doctor suggested that he go on the waiting list for another double lung transplant. He underwent his lifesaving operation in March 2010.

"It's not much of a life being on oxygen. Just getting around is so difficult," Dan says.

He expresses his gratitude to his organ donor and the donor's family as well as to his supporters and the Trillium Gift of Life Network (TGLN) by telling his story at community gatherings and town hall meetings. He plans to continue speaking whenever he gets the chance.

Wanting Ontarians to become aware that more people need to consent to organ and tissue donation he says, "Mom and I try to spread the word… (because of organ donation) I've been given another chance to spend more time with my family."

Building awareness and encouraging consent registration

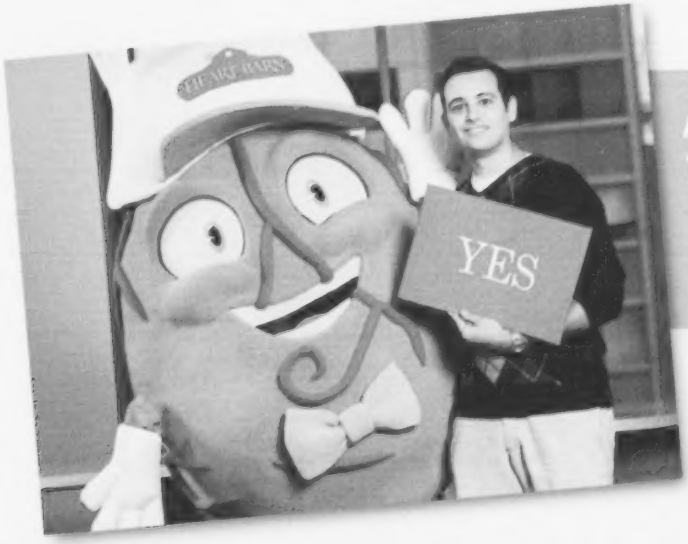
Recognizing that social change begins with youth, we worked on a two-pronged approach to raise awareness of the need for organ and tissue donors with this important audience. During National Organ and Tissue Donation Awareness Week (NOTDAW) in April 2009, we launched a public awareness advertising campaign designed to encourage youth to register their consent. The thought-provoking and award winning RecycleMe.org campaign was targeted to those aged 15 to 24 and included transit and online advertising in 34 cities. The campaign was designed to drive youth to the informative website to learn about the urgent need for organ and tissue donors and how to register consent.

During the 12-week campaign there were 201.3 million impressions (views) of our advertisements on the internet. We surpassed our target of 115,000 visitors to the website, reaching more than 120,300 people. More than 5,600 youth asked for more information about registering consent and consent form downloads from our website increased by 400 percent. Then RecycleMe toured through 12 Ontario university and college campuses.

As well, the introduction of *One Life...Many Gifts* – a secondary school curriculum that allows teachers to include organ and tissue donation references in 11 different subject areas – continued for a second year. We provided in-service presentations to an additional 241 teachers from 138 schools in public and Catholic school boards across Ontario.

To reach the province's diverse ethnic communities, we began working with faith leaders to respond to faith-specific questions and concerns within their communities about organ and tissue donation. Muslim, Catholic and Jewish faith leaders collaborated with us to create educational material specific to their congregations.

Grand Chief Stan Beardy and his wife Nellie assisted our communication with Ontario's Anishnawbe-Aski (NAN) First Nation households to whom we distributed nearly 9,300 brochures in June.



Aaron Kucharczuk
Youth Advocate

"My signature can save eight lives. Yours can too. It's the greatest gift that you can give."

Rabbi Michal Shekel

Executive Director, Toronto Board of Rabbis

"Saving a human life is of paramount importance in Judaism. Our tradition teaches us that whoever saves a life is considered as if he or she saved an entire world."

In a united effort, in September these faith leaders participated in media briefings to advise the public of their support for organ and tissue donation, during which time we distributed the materials. The Canadian Council of Imams distributed 30,000 copies of an Islamic brochure in the Greater Toronto Area during Ramadan. The Archdiocese of Toronto delivered 200,000 copies of a brochure produced with the Canadian Catholic Bioethics Institute to Roman Catholics in the Greater Toronto Area. As well, we updated brochures for Jewish congregations and circulated 3,500 of them through the Toronto Board of Rabbis. Fourteen articles in the media, with a reach of 3.7 million, resulted from our multi-faith strategy.

Participation in Vaisakhi celebrations held at the William Osler Health Centre began our outreach to the Sikh community later in the year.

Our volunteers have always been one of our strengths. They are particularly active in gathering support from local municipal governments and are always influential spokespersons for the Gift of Life. By telling their own stories, they lend dramatic evidence to the importance of organ and tissue donation and registering consent. In 2009/10 TGLN recruited a Volunteer Services Advisor and revitalized the Provincial Volunteer Committee. A survey of volunteers resulted in the production of many new materials to respond to their needs.

We also approached another important group to assist with our public education and awareness campaigns. Staff of ServiceOntario are vital contacts for Ontarians who are able to register their consent to donate when they obtain or renew their health cards or renew their drivers' licences. We held meetings with ServiceOntario managers and customer service representatives to inform them of the importance of organ and tissue donation and the significance of registering consent. We provided them with small tokens of appreciation during NOTDAW and the December holiday season and included information about the progress of registration in the database, to clearly identify the importance of their work.

A major achievement for us in 2009/10 was gaining access to record level anonymized data from the Registered Persons Database (RPDB). We used it to analyze donor registration rates and the influence

of demographic factors such as age, gender and geography on registration. For the first time, we were able to use donor registration data to inform our work in public awareness. Ongoing access to this data will enable us to set targets, sharpen our focus and measure the impact of our public education and awareness activities to further increase donor registrations in Ontario.

We also began Phase I of "Register Yes", a broader public awareness advertising campaign. Research focus groups were held in centres across the province to identify key motivators for Ontarians to register consent. Findings were paired with analysis of anonymized data from the RPDB, to confirm our key messages and the demographics of target audiences for this campaign. We tested creative concepts late in the fiscal year and designed material for inclusion in ServiceOntario health card registration and renewal mailings and Ministry of Transport driver's license carrier mailings in 2010/11. These were identified as the most effective way to take advantage of current registration processes and reach significant numbers of Ontario residents. Material for a second phase of this campaign was developed concurrently to make the most of funding and ensure continuity when online consent registration is available.

Continuing to build a strong organization

Throughout 2009/10 we continued to leverage and upgrade our technology, augment our information systems and reporting capabilities and introduce changes to programs, policies and procedures. Our goal is to improve our efficiency, effectiveness and quality.

We used technology to accomplish this in a myriad of ways. We installed new telecommunications software primarily for use by staff of the Provincial Resource Centre (PRC), which is responsible for province-wide coordination of organ and tissue donation for transplant. This new software includes integrated voice recording, tagging of calls and faxes with a unique TGLN identifier for easy retrieval, on demand conferencing to facilitate team huddles and listen-in capability for training and problem-solving. It will save money and enable the PRC to manage the increasing call volumes for donation referrals.

The first phase of the Human Resources Management System, a web-based employee self service module, was launched to give employees the ability to electronically update their personal information and give them easy access to human resource policies and other information of interest to all.

A custom database was developed in-house to reduce manual processes and streamline administration of the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). TGLN also upgraded its payroll system.

We began using the Ontario Telemedicine Network's (OTN) video conferencing and taping capability for training sessions. It has been extremely useful for educating on-call staff located in hospitals distant from Toronto such as London, Thunder Bay and Sudbury. Being able to actually view these sessions has proven to be a valuable teaching tool.

Through changes introduced to our clinical information system, TOTAL, we improved and developed additional standardized reports to support clinical operations such as organ allocation, organ donation performance, tissue donation, donor family aftercare, and management decisions and improved data quality.

To accomplish our mission, we recognized that we needed to improve our quality assurance procedures and systems to minimize system-related errors, accidents and adverse reactions, and respond

Lina Spencer

"I want to share my miracle with everybody. Please register your consent to be an organ and tissue donor!"

Lina Spencer inherited a gene that left her vulnerable to a condition called amyloidosis, in which proteins uncharacteristically build up in organs and eventually shut them down.

"It's heart-wrenching to watch someone you love wither away to nothing," she says sadly. "I didn't want my family to go through that so my brother and I were tested. He is free and clear."

When her feet began to tingle – one of the early symptoms – Lina consulted her neurologist. Soon after, he suggested organ donation to replace her liver. She went on the waiting list in May 2009 and underwent transplantation later that year.

Lina is so grateful to the many people who supported her she wants to shout it from the rooftops.

"Even (my) entire church congregation got tested to see if there was a match," she says, adding they were encouraged "by a (fact-filled) booklet from the Archbishop."

better to complaints by employing solutions that prevent their re-occurrence. We want to create a culture of continuous improvement through employee involvement. Since mid-2009, the Quality Assurance and Performance Improvement Department has been rebuilding the entire TGLN quality improvement system to reflect leading edge programs. When completed, this robust system will meet the expanding needs of our customers, regulatory bodies and staff. In addition, the organ allocation process for livers is being streamlined through a Lean Six Sigma methodology, using a cross-functional team including staff from both TGLN and a large hospital.

Through the development of this quality assurance system, with an emphasis on on-going improvement, we are positioning ourselves to better serve the needs of our donor family, organ recipient, transplant program and internal employee stakeholders.

Continuing to be a workplace of choice

Our mission is such that it naturally builds staff commitment and pride. Our staff is motivated, enthusiastic and energetic. We continued our efforts to create a positive workplace to retain and attract the best talent. In 2009/10 we focused on providing staff with the tools and supports they need to do their jobs efficiently and effectively.

We improved our internal communication to make it more focused and clear. It now incorporates such things as quarterly town hall meetings to give a clear sense of the accomplishments of the previous quarter and plans for the next quarter. We created a regular newsletter from the President; bi-monthly meetings between the President and new staff; and lunch and learn programs on a wide variety of work and life-enhancing topics such as: time management, effective leveraging of benefits, conflict resolution, communications, nutrition and yoga.

We improved orientation for new clinical staff by lengthening our training period by two weeks and including mentoring by senior staff. Training also has been expanded to support coordinators in hospital development to improve donor management and hospitals' donation performance. This allows for an effective and efficient donation process.

Lindiwe Bridgewater

A/Team Leader, Health Card Services Retail Branch, ServiceOntario

Having experienced a family member's struggle with kidney failure and seeing her new lease on life after a successful transplant, I encourage every citizen of Ontario to engage in a meaningful dialogue with their loved ones and register their consent to donate."

Sonya Canzian

Program Director, Trauma/Neurosurgery and Mobility Programs, St. Michael's Hospital

"Supporting organ and tissue donation at the hospital can offer families a choice that may provide comfort that their loss helped renew or give life to others."

In partnership with our hiring managers, we centralized our recruitment procedures and implemented best practices. In addition, we changed our performance management processes so they now help staff better understand how their work contributes to their unit and the organization as a whole, as well as assist with training and career development planning.

We continued to develop and update human resource policies and procedures to better support staff and reviewed our compensation and benefits to remain competitive and ensure our employees are fairly recompensed.

In 2010/11, TGLN plans to conduct its first employee survey, which will help identify key issues from a staff perspective. This survey will enable us to better respond to and meet employee needs, thereby further advancing staff engagement.

Conclusion – a solid foundation upon which to build

We have accomplished a great deal in this banner year at TGLN. It has been challenging – but the changes on all fronts have solidified the foundation from which we will continue to move forward. We still have much more to do with so many still waiting for a transplant.

We have proof this year that are our goals are attainable and that we have a solid foundation and plan to achieve our objectives. We have set aggressive targets for organ and tissue donations in 2010/11 to stretch and encourage further improvements. As of December 31, 2009, only 17 percent of Ontarians 16 years and older who were eligible for health services had registered their consent to donate organs and tissue. We know that more lives can be saved and enhanced if more Ontarians register their decision to donate.

We will continue to partner with government and other stakeholders to improve donor registration and through our public campaign inspire and motivate more people to register. We will also diligently exert every effort with our partners to expand our referral base for organ and tissue donations and continue to spread best practices to maximize donations for life saving and enhancing transplantation.

Appendix I – Charts for tissue – 2007/08, 2008/09 and 2009/10

Table 1

Tissue Donation by Tissue Type

Tissue Type	*2009/10*	*2008/09*	*2007/08*
Ocular Tissue	1,353	1,078	833
Skin	0	1	6
Heart Valves	35	51	39
Bone	85	52	33
Any Tissue	1,365	1,100	848

Table 2

Tissue Donors by Hospital

Hospital	*FY 2009/10*	*FY 2008/09*	*FY 2007/08*	*% Change FY 2009/10 over FY 2008/09*	*% Change FY 2009/10 over FY 2007/08*
Central and GTA Region					
Lakeridge Health Corporation	30	25	43	20%	-30%
Royal Victoria Hospital	53	28	48	89%	10%
St. Michael's Hospital	51	52	39	-2%	31%
Sunnybrook Health Sciences Centre	44	40	29	10%	52%
The Hospital For Sick Children	8	8	5	0%	60%
The Scarborough Hospital	29	30	10	-3%	190%
Trillium Health Centre	52	47	39	11%	33%
University Health Network	88	49	57	80%	54%
William Osler Health Centre	32	13	6	146%	433%
York Central Hospital	12	9	4	33%	200%
Non-Tier 1 Facilities of the Region	89	78	56	14%	59%
Total For Central and GTA Region	**488**	**379**	**336**	**29%**	**45%**
Eastern Region					
Children's Hospital of Eastern Ontario	5	5	3	0%	67%
Kingston General Hospital	112	98	63	14%	78%
The Ottawa Hospital	146	139	76	5%	92%
Non-Tier 1 Facilities of the Region	55	25	19	120%	189%
Total For Eastern Region	**318**	**267**	**161**	**19%**	**98%**

Continued on page 20

Table 2 *Continued from page 19*

Tissue Donors by Hospital

Hospital	*FY 2009/10*	*FY 2008/09*	*FY 2007/08*	*% Change FY 2009/10 over FY 2008/09*	*% Change FY 2009/10 over FY 2007/08*
Northern Region					
Sudbury Regional Hospital	61	40	31	53%	97%
Thunder Bay Regional Health Sciences	25	23	12	9%	108%
Non-Tier 1 Facilities of the Region	12	8	11	50%	9%
Total For Northern Region	**98**	**71**	**54**	**38%**	**81%**
South West Region					
Grand River Hospital Corporation	40	38	22	5%	82%
Hamilton Health Sciences Centre	125	86	59	45%	112%
Hôtel Dieu Grace Hospital – Windsor	46	33	29	39%	59%
London Health Sciences Centre	68	77	73	-12%	-7%
Niagara Health System	61	60	43	2%	42%
St. Mary's General Hospital	23	15	9	53%	156%
Non-Tier 1 Facilities of the Region	47	45	47	4%	0%
Total For South West Region	**410**	**354**	**282**	**16%**	**45%**
Total For Unknown Facilities	**51**	**29**	**15**	**76%**	**240%**
Total For All Regions	**1,365**	**1,100**	**848**	**24%**	**61%**

NOTES:
1. Donors – Number of individual tissue donors from whom at least one type of tissue was recovered.
2. All cases with no information on referring hospital are counted within "Total for Unknown Facilities".

Appendix I – Charts for tissue – 2007/08, 2008/09 and 2009/10

Figure 1

Tissue Referrals and Donors

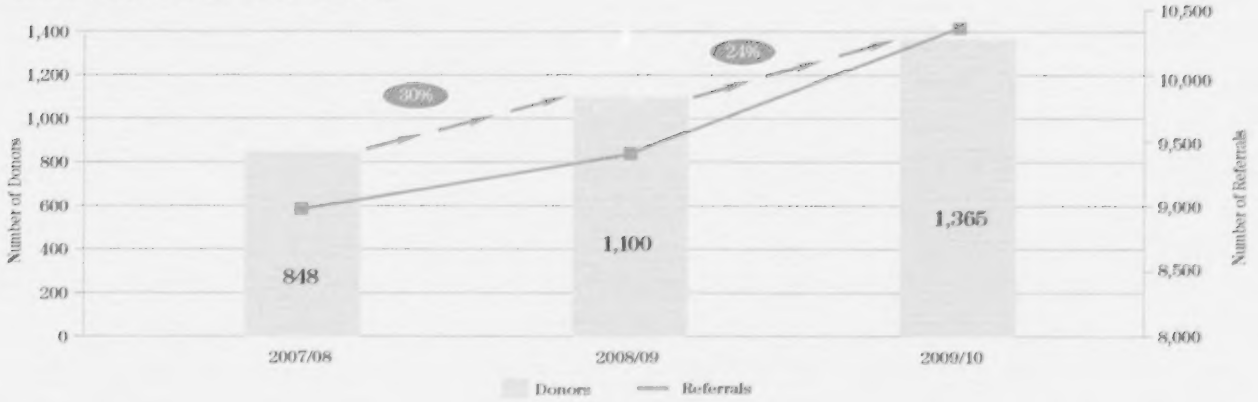


Figure 2

Tissue Approach and Consent

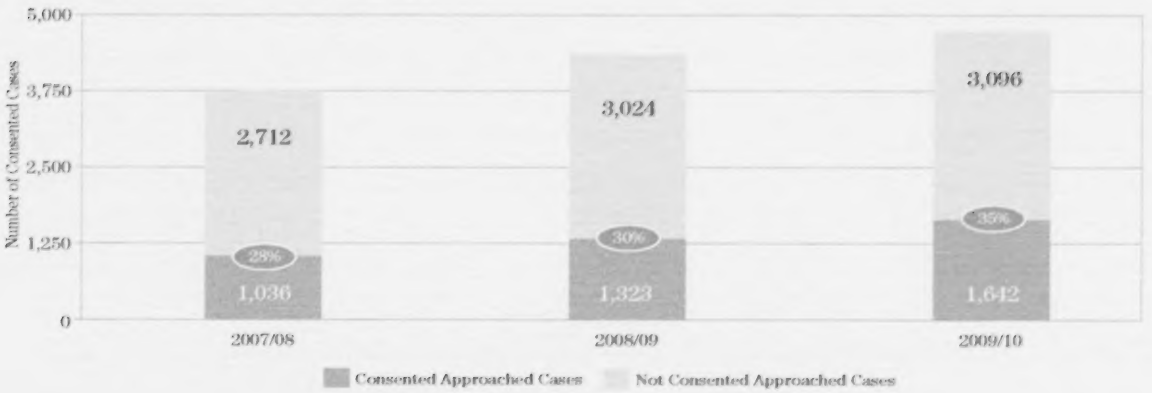
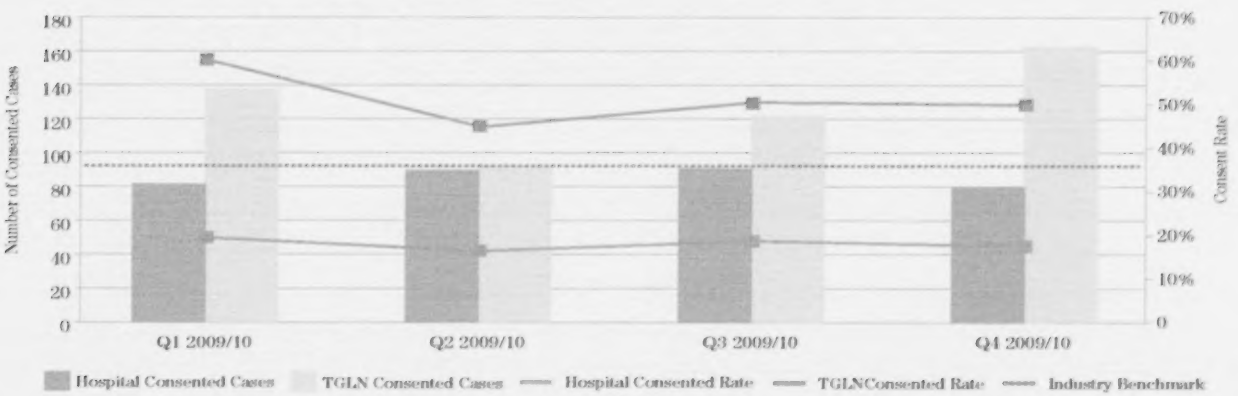


Figure 3

Call-Screen-Connect Strategy – TGLN/Hospital Consent Ratio



Appendix I – Charts for organs – 2007/08, 2008/09 and 2009/10

Table 1

Organ Donation Performance Indicator Results (Tier 1 Hospitals)

Performance Indicator	*2009/10*	*2008/09*
Potential Organ Donors	445	379
Organ Donors	202	160
Referral Rate	97%	96%
Declaration Rate	69%	72%
Approach Rate	83%	83%
Consent Rate	69%	66%
Recovery Rate	86%	85%
Conversion Rate	53%	49%

Definitions

Potential organ donors: Under Trillium Gift of Life Network's (TGLN) measurement system, potential organ donors are called potential eligible cases. There are three categories of potential eligible cases:

1. Cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
2. Cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions;
3. Realized donation after cardiac death (DCD) cases.

An **organ donor** means that at least one organ from a deceased person is recovered and transplanted. That deceased person becomes an organ donor.

Probable cases are potential eligible cases as well as cases found medically unsuitable before or after consent for donation is obtained.

Referral rate is the percentage of probable cases referred to TGLN.

Declaration rate is the percentage of probable cases declared neurologically (brain) dead.

Approach rate is the percentage of probable cases removing those cases determined to be medically unsuitable or not brain dead before an approach is made.

Consent rate means the percentage of approached cases when consent has been obtained for deceased organ donation.

Recovery rate is the percentage of cases when consent was obtained and from which at least one organ is recovered and transplanted.

Conversion rate is the percentage of potential organ donors converted into actual organ donors.

Table 2

Organ Donors from Ontario and Out-of-Province

Type of Donor	*2009/10*	*2008/09*	*2007/08*
Deceased Donors from Ontario	221	184	186
NDD Donors from Ontario	186	149	170
DCD Donors form Ontario	35	35	16
Living Donors from Ontario	279	281	262
All Ontario Donors	**500**	**465**	**448**
Deceased Donors from Other Canadian Provinces	58	64	50
Deceased Donors from the U.S.	11	11	13
All Out-of-Province Donors	**69**	**75**	**63**

Table 3

Deceased Organ Donors by Region and Hospital

Region	*Hospital*	*2009/10*	*2008/09*	*2007/08*
Central/GTA	Lakeridge Health Corporation	4	1	2
Central/GTA	Royal Victoria Hospital	6	2	3
Central/GTA	St. Michael's Hospital	18	5	15
Central/GTA	Sunnybrook Health Sciences Centre	20	9	18
Central/GTA	The Hospital for Sick Children	4	10	10
Central/GTA	The Scarborough Hospital	4	2	3
Central/GTA	Trillium Health Centre	11	10	7
Central/GTA	University Health Network	10	10	9
Central/GTA	William Osler Health Centre	9	3	3
Central/GTA	York Central Hospital	5	4	2
Central/GTA	Non-Tier 1 Hospitals of Central and GTA Region	14	16	15
Central/GTA Total		**105**	**72**	**87**
East	Children's Hospital of Eastern Ontario	2	1	2
East	Kingston General	9	7	3
East	The Ottawa Hospital	15	16	16
East	Non-Tier 1 Hospitals of Eastern Region	0	1	0
East Total		**26**	**25**	**21**
North	Sudbury regional Hospital	4	4	3
North	Thunder Bay Regional Health Sciences Centre	4	4	3
North	Non-Tier 1 Hospitals of Northern Region	0	2	0
North Total		**8**	**10**	**6**
Southwest	Grand River Hospital Corporation	1	3	2
Southwest	Hamilton Health Sciences Centre	35	26	24
Southwest	Hôtel Dieu Grace Hospital – Windsor	6	9	9
Southwest	London Health Sciences Centre	26	28	25
Southwest	Niagara Health System	6	4	2
Southwest	St. Mary's General Hospital	3	2	2
Southwest	Non-Tier 1 Hospitals of South Western Region	5	5	8
Southwest Total		**82**	**77**	**72**
Grand Total		**221**	**184**	**186**

Appendix I – Charts for organs – 2007/08, 2008/09 and 2009/10

Table 4

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	*2009/10*			*2008/09*			*2007/08*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	58	–	58	54	–	54	57	–	57
Kidney	304	63	367	244	62	306	286	32	318
Liver	156	13	169	125	14	139	144	11	155
Lung	127	18	145	110	12	122	112	2	114
Pancreas-Islets	19	1	20	3	0	3	0	0	0
Pancreas-Whole	37	0	37	32	1	33	31	0	31
Small Bowel	0	0	0	1	0	1	2	0	2
Total	**701**	**95**	**796**	**569**	**89**	**658**	**632**	**45**	**677**

Only organs recovered from deceased Ontario donors and transplanted, in and outside of the province, were counted.

Table 5

Organ Transplant Yield per Deceased Donor in Ontario

Organ	*2009/10*		*2008/09*		*2007/08*	
	Number of Organs	*Organ Yield per Donor*	*Number of Organs*	*Organ Yield per Donor*	*Number of Organs*	*Organ Yield per Donor*
Heart*	58	0.31	54	0.36	57	0.34
Kidney	367	1.66	306	1.66	318	1.71
Liver	169	0.76	139	0.76	155	0.83
Lung	145	0.66	122	0.66	114	0.61
Pancreas-Islets	20	0.09	3	0.02	0	0.00
Pancreas-Whole	37	0.17	33	0.18	31	0.17
Small Bowel	0	0.00	1	0.01	2	0.01
Total	**796**	**3.60**	**658**	**3.58**	**677**	**3.64**

Only organs recovered from deceased Ontario donors and transplanted, in and outside of the province, were counted.
** Organ yield for the heart is calculated for NDD donors only.*

Appendix I – Charts for organs – 2007/08, 2008/09 and 2009/10

Table 6

Organ Transplants in Ontario

	2009/10	*2008/09*	*2007/08*
Kidney from Deceased Donors	333	275	286
Kidney from Living Donors	234	227	211
Liver from Deceased Donors	176	152	157
Liver from Living Donors	45	54	51
Heart	62	66	64
Lung	100	91	85
Pancreas	18	12	8
Small Bowel	0	1	0
Kidney Pancreas	21	24	21
Heart Lung	2	3	1
Liver Kidney	2	1	2
Liver Heart	0	0	1
Liver Bowel	0	2	3
Liver Lung	1	0	0
Liver Pancreas	1	0	0
Total	**995**	**908**	**890**

Table 7

Living Kidney Transplants as a Percentage of all Kidney Transplants

	2009/10	*2008/09*	*2007/08*
Kidney Transplants from Living & Deceased Donors	567	502	497
Kidney Transplants from Living Donors	234	227	211
Percent of Kidney Transplants from Living Donors	41%	45%	42%

Appendix I – Charts for organs – 2007/08, 2008/09 and 2009/10

Table 8

Living Liver Transplants as a Percentage of all Liver Transplants

	2009/10	*2008/09*	*2007/08*
Liver Transplants from Living & Deceased Donors	221	206	208
Liver Transplants from Living Donors	45	54	51
Percent of Liver Transplants from Living Donors	20%	26%	25%

Table 9

Waiting List for Organ Transplant

	31-Mar-2010	*31-Mar-2009*	*31-Mar-2008*
Kidney	1,161	1,185	1,144
Liver	280	306	358
Heart	58	48	43
Lung	44	64	55
Pancreas	15	22	23
Small Bowel	3	4	4
Kidney/Pancreas	45	37	44
Heart/Lung	2	1	3
Total	**1,608**	**1,667**	**1,674**

Table 10

Deceased Organ Donation Funding, Tier 1 Hospitals – April 1, 2009 to March 31, 2010

Tier I Hospitals	*Phase I*		*Phase 2*		*Phase 3*		*Total Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
Royal Victoria Hospital	7	$5,600	6	$12,300	6	$18,900	$36,800
Kingston General Hospital	22	$17,600	13	$26,650	10	$31,500	$75,750
St. Marys General Hospital	5	$4,000	4	$8,200	4	$12,600	$24,800
York Central Hospital	8	$6,400	6	$12,300	6	$18,900	$37,600
Children's Hospital of Eastern Ontario	2	$1,600	2	$4,100	2	$6,300	$12,000
The Hospital For Sick Children	9	$7,200	6	$12,300	5	$15,750	$35,250
St. Michael's Hospital	27	$21,600	22	$45,100	20	$63,000	$129,700
Hôtel Dieu Grace Hospital – Windsor	14	$11,200	12	$24,600	6	$18,900	$54,700
Grand River Hospital – Kitchener	2	$1,600	1	$2,050	1	$3,150	$6,800
Thunder Bay Regional Health Sciences Centre	8	$6,400	7	$14,350	6	$18,900	$39,650
London Health Sciences Centre	33	$26,400	29	$59,450	27	$85,050	$170,900
University Hospital	15	$12,000	11	$22,550	10	$31,500	$66,050
Victoria Hospital – London	17	$13,600	17	$34,850	16	$50,400	$98,850
Children's Hospital Of Western Ontario	1	$800	1	$2,050	1	$3,150	$6,000
Hamilton Health Sciences Centre	47	$37,600	43	$88,150	38	$119,700	$245,450
Hamilton Health Sciences Centre – McMaster Site	4	$3,200	4	$8,200	4	$12,600	$24,000
Hamilton General Hospital	43	$34,400	39	$79,950	34	$107,100	$221,450
University Health Network	12	$9,600	12	$24,600	11	$34,650	$68,850
Toronto General Hospital	1	$800	2	$4,100	1	$3,150	$8,050
Toronto Western Hospital	11	$8,800	10	$20,500	10	$31,500	$60,800
Trillium Health Sciences Centre, Mississauga	18	$14,400	16	$32,800	11	$34,650	$81,850
William Osler Health Centre	15	$12,000	10	$20,500	9	$28,350	$60,850
William Osler Health, Brampton Civic Hospital	6	$4,800	4	$8,200	3	$9,450	$22,450
William Osler Health, Etobicoke General Hospital	9	$7,200	6	$12,300	6	$18,900	$38,400
Lakeridge Health – Oshawa	6	$4,800	5	$10,250	4	$12,600	$27,650
Sunnybrook Health Sciences Centre	37	$29,600	25	$51,250	21	$66,150	$147,000
The Ottawa Hospital	27	$21,600	23	$47,150	19	$59,850	$128,600
Ottawa Hospital General Campus	4	$3,200	3	$6,150	3	$9,450	$18,800
Ottawa Hospital Civic Campus	23	$18,400	20	$41,000	16	$50,400	$109,800
Sudbury Regional Hospital	8	$6,400	7	$14,350	4	$12,600	$33,350
St. Joseph's Health Centre – Sudbury	6	$4,800	6	$12,300	4	$12,600	$29,700
Sudbury Regional Hospital	2	$1,600	1	$2,050	0	$0	$3,650
The Scarborough Hospital	7	$5,600	7	$14,350	5	$15,750	$35,700
Scarborough Hospital – Grace Division	4	$3,200	4	$8,200	3	$9,450	$20,850
Scarborough General Hospital	3	$2,400	3	$6,150	2	$6,300	$14,850
Niagara Health System	9	$7,200	9	$18,450	8	$25,200	$50,850
Niagara Health System, St. Catharines General Site	5	$4,000	5	$10,250	5	$15,750	$30,000
Niagara Health System, Welland County Site	1	$800	1	$2,050	1	$3,150	$6,000
Niagara Health System, Greater Niagara General	3	$2,400	3	$6,150	2	$6,300	$14,850
Total: Tier 1 Hospitals	**323**	**$258,400**	**265**	**$543,250**	**223**	**702,450**	**$1,504,100**

Table 11

Deceased Organ Donation Funding, Non-Tier 1 Hospitals – April 1, 2009 to March 31, 2010

Non-Tier 1 Hospitals	*Phase 1*		*Phase 2*		*Phase 3*		*Total $ Funding*
	# of Cases	*Amount*	*# of Cases*	*Amount*	*# of Cases*	*Amount*	
North York General Hospital	1	$800	0	$0	0	$0	$800
Cambridge Memorial Hospital	1	$800	0	$0	0	$0	$800
Guelph General Hospital	1	$800	1	$2,050	0	$0	$2,850
St. Joseph's Healthcare System – Hamilton	2	$1,600	2	$4,100	2	$6,300	$12,000
Ross Memorial Hospital	1	$800	1	$2,050	1	$3,150	$6,000
Joseph Brant Memorial Hospital	1	$800	0	$0	0	$0	$800
Southlake Regional Health Centre	1	$800	1	$2,050	1	$3,150	$6,000
Peterborough Regional Health Centre	1	$800	1	$2,050	1	$3,150	$6,000
Sarnia General Hospital	1	$800	1	$2,050	0	$0	$2,850
Mount Sinai Hospital	3	$2,400	3	$6,150	3	$9,450	$18,000
Toronto East General Hospital	1	$800	1	$2,050	1	$3,150	$6,000
St. Joseph's Health Centre – Toronto	2	$1,600	0	$0	0	$0	$1,600
Markham Stouffville Hospital	3	$2,400	2	$4,100	1	$3,150	$9,650
Windsor Regional Hospital (Metropolitan Campus)	3	$2,400	3	$6,150	3	$9,450	$18,000
Humber River Regional Hospital	7	$5,600	4	$8,200	3	$9,450	$23,250
Humber River Regional Hospital – York-Finch	3	$2,400	2	$4,100	1	$3,150	$9,650
Humber River Regional Hospital – Church Street Site	4	$3,200	2	$4,100	2	$6,300	$13,600
Oakville Trafalgar Memorial Hospital	2	$1,600	2	$4,100	2	$6,300	$12,000
Rouge Valley Health System, Ajax Site	1	$800	1	$2,050	1	$3,150	$6,000
Quinte Healthcare Belleville General	1	$800	0	$0	0	$0	$800
University of Ottawa Heart Institute	1	$800	1	$2,050	0	$0	$2,850
Total: Non-Tier 1 Hospitals	**34**	**$27,200**	**24**	**$49,200**	**19**	**$59,850**	**$136,250**

Appendix II

Board of Directors as of March 31, 2010

Board of Directors	*Appointed*	*Re-Appointment*	*Term Expires*
Reuven P. Bulka *(Chair)*	December 1, 2004	December 1, 2008	November 30, 2011
Dr. Andrew Baker	March 5, 2001	December 5, 2007	December 5, 2010
Diane Craig	December 8, 2004	December 8, 2007	December 8, 2010
Christine Clark	September 3, 2008	–	September 8, 2011
Dr. Diane Hebert	December 1, 2004	December 1, 2008	December 1, 2010
Vickie Kaminski	December 6, 2006	December 6, 2008	December 7, 2011
May Ye Lee	December 8, 2004	December 8, 2008	December 8, 2010
Bernadette MacDonald	December 8, 2004	June 8, 2007	June 7, 2011
Arun K. Mathur, CA	December 8, 2004	December 8, 2008	December 7, 2010
Dr. Kenneth Pritzker	March 3, 2010	–	March 2, 2013
Dr. Miriam Frances Rossi	December 1, 2004	December 1, 2009	November 30, 2012
Dr. Rema Zawi	September 24, 2008	–	September 24, 2010

Appendix III

TGLN Management Group as of March 31, 2010

Dr. Frank Markel	*President and Chief Executive Officer*
Dr. Jeff Zaltzman	*Chief Medical Officer, Transplantation*
Janet MacLean	*Vice-President, Clinical Affairs*
Versha Prakash	*Vice-President, Operations*
Sandra Fawcett	*Director, Public Affairs and Communications*
John Hanright	*Director, Quality Assurance and Performance Improvement*
Catherine McIntosh	*Director, Finance, Human Resources and Administration*
Clare Payne	*Director, Provincial Resource Centre*
Scott Skinner	*Director, Hospital Programs*
Keith Wong	*Director, Information Services*
Robert Sanderson	*Manager, Hospital Programs*
Christine Humphreys	*Manager, Provincial Resource Centre, Tissue*
Victoria Leist	*Manager, Provincial Resource Centre, Organ*
Janice Beitel	*Professional Practice Leader*
Beverley Mitchell	*Human Resources Leader*
Lisa MacIsaac	*Provincial Tissue Advisor*

Organ and Tissue Donation Coordinators as of March 31, 2010

Greater Ontario (GO) Region

Pam Andlar, *RN, BScN*	Sudbury Regional Hospital
Stephanie Currie-McCarragher, *RN, BScN*	The Ottawa Hospital
Paula Deehan-Schmidt, *RN*	Hôtel Dieu Grace – Windsor
Nancy Glover, *RN*	Hamilton Health Sciences Centre
Nancy Hemrica, *RN, BScN*	Hamilton Health Sciences Centre
Sandra Petzel, *RN*	Thunder Bay Health Sciences Centre
Barbara van Rassel, *RN, BScN*	London Health Sciences Centre
Judy Wells, *RN*	Grand River Hospital – Kitchener
Vacant	Kingston General Hospital
Vacant	University Health Network

Central Region

Jennifer Berry, *RN*	The Hospital for Sick Children
Ida Bevilacqua, *RN, BScN*	Trillium Health Centre
Craig Johnston, *RN*	Sunnybrook Health Sciences Centre
Catharine Ritter, *RN, BScN*	Royal Victoria Hospital
Kathryn Salvatore, *RN, BScN*	St. Michael's Hospital
Aparna Sen-Hobbins, *RN*	The Scarborough Hospital
Shahista Walli, *RN, BScN*	William Osler Health Centre
Cathy Weatherall, *RN*	York Central Hospital

Appendix III

Provincial Resource Centre Coordinators as of March 31, 2010

Clinical Services Coordinators

Dane Clark, *RN*
David Colpitts, *BSc, M.Div.*
Kim Gromadzki, *RN, BScN*
Diana Hallett, *RN, BScN*
Joleen Hammond, *RN*
Nicola Hannah, *RN*
Connie Kennedy
Susan Lavery, *RN, BScN (c)*
Milan Liubincic, *BSc, MSc*
Marsha McDonald, *RN, BScN (c)*
Leanna MacIssac, *BSc*
Ming Kin (Edwin) Poon, *BSc, RRT/RRCP, MBA*
Nicola Stewart, *RN BScN (c)*
Robert Symons, *BA/BPHE*
Erin Tilley, *BSc*
Leslie Yole, *BA, BHSc OT*

Tissue Coordinators

Jenna MacDonell, *BSc*
Shaan Malhotra, *MSc*
Leanne Revell, *BA*
Jasveen Singh, *BSc*
Natalie Smigielski, *BA*
Lindsay Wilson, *BA*
Jessie Wong, *MSc*

Financial Statements

Trillium Gift of Life Network

March 31, 2010

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2010 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ernst & Young LLP

Chartered Accountants
Licensed Public Accountants

Toronto, Canada,
May 25, 2010.

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2010 $	2009 $
ASSETS		
Current		
Cash and cash equivalents	**7,622,762**	7,107,119
Short-term investment *[note 5]*	**—**	165,000
GST recoverable	**117,178**	93,583
Other receivables	**—**	70,625
Prepaid expenses	**20,129**	12,166
Total current assets	**7,760,069**	7,448,493
Capital assets, net *[note 6]*	**764,637**	1,138,098
	8,524,706	8,586,591
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	**2,838,205**	2,693,780
Deferred contributions *[note 7]*	**4,726,472**	4,663,346
Total current liabilities	**7,564,677**	7,357,126
Deferred funding for capital assets *[note 8]*	**585,313**	860,009
Total liabilities	**8,149,990**	8,217,135
Commitments *[note 11]*		
Net assets		
Unrestricted	**242,788**	213,442
Board restricted *[note 9]*	**131,928**	156,014
Total net assets	**374,716**	369,456
	8,524,706	8,586,591

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2010 $	2009 $
REVENUE		
Ontario Ministry of Health and Long-Term Care		
- Operations *[note 8]*	**13,952,490**	11,843,034
- Deceased Organ Donation Managed Fund	**1,300,008**	1,300,008
- Tissue Program	**860,841**	759,348
- Education Program	**153,300**	235,900
- PRELOD Managed Fund	**191,557**	214,881
- TPER Managed Fund	**66,899**	—
Amortization of deferred funding for capital assets *[note 8]*	**277,644**	270,523
Ontario Ministry of Education	**112,387**	54,606
Interest income	**18,546**	76,739
Other	**68,584**	—
Donations *[note 9]*	**43,556**	59,843
	17,045,812	14,814,882
EXPENSES		
Salaries and employee benefits *[note 10]*	**8,598,179**	7,898,957
Communications	**2,176,417**	1,262,201
Medical supplies and testing	**1,131,080**	883,911
General and administrative	**700,873**	771,019
Information systems	**543,069**	511,481
Office rent and maintenance	**396,927**	404,762
Amortization of capital assets	**401,030**	360,020
Community projects *[note 9]*	**67,642**	23,170
Deceased Organ Donation Managed Fund	**1,640,350**	1,315,850
Tissue Program	**860,841**	759,348
Education Project	**265,688**	290,506
PRELOD Managed Fund	**191,557**	214,881
TPER Managed Fund	**66,899**	—
Performance Improvement Fund Project	—	5,364
	17,040,552	14,701,470
Excess of revenue over expenses for the year	**5,260**	113,412

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2010		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	**213,442**	**156,014**	**369,456**
Excess of revenue over expenses for the year	**5,260**	**—**	**5,260**
Interfund transfers, net *[note 9]*	**24,086**	**(24,086)**	**—**
Net assets, end of year	**242,788**	**131,928**	**374,716**

	2009		
	Unrestricted $	Board restricted $	Total $
Net assets, beginning of year	136,703	119,341	256,044
Excess of revenue over expenses for the year	113,412	—	113,412
Interfund transfers, net *[note 9]*	(36,673)	36,673	—
Net assets, end of year	213,442	156,014	369,456

See accompanying notes

Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2010 $	2009 $
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	**5,260**	113,412
Add (deduct) items not involving cash		
Amortization of capital assets	**401,030**	360,020
Amortization of deferred funding for capital assets	**(277,644)**	(270,523)
	128,646	202,909
Changes in non-cash working capital balances related to operations		
GST recoverable	**(23,595)**	(1,593)
Other receivables	**70,625**	(69,901)
Prepaid expenses	**(7,963)**	(325)
Accounts payable and accrued liabilities	**144,425**	(241,969)
Deferred contributions	**66,074**	1,703,300
Cash provided by operating activities	**378,212**	1,592,421
INVESTING ACTIVITIES		
Acquisition of capital assets	**(27,569)**	(370,407)
Purchase of short-term investment	**—**	(165,000)
Redemption of short-term investment	**165,000**	—
Cash provided by (used in) investing activities	**137,431**	(535,407)
Net increase in cash and cash equivalents during the year	**515,643**	1,057,014
Cash and cash equivalents, beginning of year	**7,107,119**	6,050,105
Cash and cash equivalents, end of year	**7,622,762**	7,107,119

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

March 31, 2010

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Financial instruments

The Network has chosen to apply CICA 3861: *Financial Instruments – Disclosure and Presentation*, in place of CICA 3862: *Financial Instruments – Disclosures*, and CICA 3863: *Financial Instruments – Presentation*.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of less than 90 days at date of purchase.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2010

Investments

Short-term investments are recorded at cost plus accrued income which approximates fair value.

Capital assets

Capital assets are recorded at cost. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture and equipment	3 - 5 years
Leasehold improvements	over term of lease
Internally developed computer software	5 years
Computer hardware and other software	3 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO FINANCIAL STATEMENTS

March 31, 2010

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

3. CHANGES IN ACCOUNTING POLICIES

Effective April 1, 2009, the Network has adopted retroactively those revisions to the 4400 series and certain other sections to amend or improve those parts of the CICA Handbook related to not-for-profit organizations that impact its financial statements. The revisions that have been adopted together with their impact are set out below.

The adoption of CICA 1540: *Cash Flow Statements* required the presentation of investing and financing activities in separate sections.

Additional disclosures required as a result of adopting CICA 4470: *Disclosure of Allocated Expenses for Not-for-Profit Organizations* have been provided in the accounting policies in note 2.

4. CAPITAL MANAGEMENT

In managing capital, the Network focuses on liquid resources available for operations. The Network's objective is to have sufficient liquid resources to continue operating despite adverse events with financial consequences and to provide it with the flexibility to take advantage of opportunities that will advance its purposes. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to budget. As at March 31, 2010, the Network has met its objective of having sufficient liquid resources to meet its current objectives.

5. SHORT-TERM INVESTMENT

The short-term investment as at March 31, 2009 was a guaranteed investment certificate which matured on March 15, 2010 and bore interest of 0.6%.

6. CAPITAL ASSETS

Capital assets consist of the following:

	2010		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	366,583	337,452	29,131
Leasehold improvements	653,266	252,920	400,346
Internally developed computer software	842,122	699,031	143,091
Computer hardware and other software	598,903	406,834	192,069
	2,460,874	1,696,237	764,637

	2009		
	Cost $	Accumulated amortization $	Net book value $
Furniture and equipment	366,583	316,763	49,820
Leasehold improvements	653,266	185,825	467,441
Internally developed computer software	842,122	524,957	317,165
Computer hardware and other software	571,334	267,662	303,672
	2,433,305	1,295,207	1,138,098

7. DEFERRED CONTRIBUTIONS

The continuity of deferred contributions is as follows:

	2010 $	2009 $
Balance, beginning of year	4,663,346	3,093,479
Contributions received	19,249,135	17,572,287
Amount recognized as revenue	(16,637,461)	(14,408,065)
Amount transferred to deferred capital contributions *[note 8]*	(2,948)	(133,433)
Amount repaid to the Ontario Ministry of Health and Long-Term Care	(2,545,600)	(1,460,922)
Balance, end of year	4,726,472	4,663,346

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NOTES TO FINANCIAL STATEMENTS

March 31, 2010

8. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2010 $	2009 $
Balance, beginning of year	**860,009**	997,099
Add contributions transferred from deferred contributions *[note 7]*	**2,948**	133,433
Less amortization of deferred funding for capital assets	**(277,644)**	(270,523)
Balance, end of year	**585,313**	860,009

9. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of $43,556 [2009 - $59,843] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets of $67,642 [2009 - $23,170] for a net transfer from unrestricted net assets to Board restricted net assets of $24,086 [2009 - net transfer to Board restricted net assets of $36,673].

10. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit pension plan.

The Network's contributions to HOOPP during the year amounted to $716,568 [2009 - $568,682] and are included in the statement of operations. The most recent actuarial valuation for financial reporting purposes completed by HOOPP as at December 31, 2009 disclosed a smoothed asset value of $32,556 million with accrued going concern liabilities of $32,020 million resulting in a going concern surplus of $536 million.

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NOTES TO FINANCIAL STATEMENTS

March 31, 2010

11. LEASE COMMITMENTS

Future minimum annual payments over the next five years and thereafter under operating leases for equipment and premises, excluding operating costs, are as follows:

	$
2011	270,192
2012	252,545
2013	235,325
2014	230,700
2015	229,407
2016 and thereafter	246,561

12. COMPARATIVE FINANCIAL STATEMENTS

The comparative financial statements have been reclassified from statements previously presented to conform to the presentation of the 2010 financial statements.

"My son Andy (organ and tissue donor in 2000) had a very dry sense of humour. He would say: 'Well mom, you know, organ donation is really just the ultimate recycling program!' We were just so proud to be able to carry out his wishes. Thirty-five people benefited from Andy's gift."

Donor mom and member of Trillium Gift of Life Network's Donor Family Advisory Council

"I know nothing about the donor, only that he or she must have been kind, caring, compassionate and generous, something that had to have been learned from you, the family."

Letter from a grateful liver recipient to a donor family

"Because of an eye disease called Keratoconus, I had gone completely blind by the time I was 26. After waiting about 9 months, I was given the most extraordinary gift that one could ever receive – a beautiful healthy cornea that someone had so generously donated. Since then, my vision has been restored and the world is looking just lovely. I will never be able to sufficiently thank the angels that have given me back my life. Because of the donor and his/her family, I now see sunsets, the snow dancing on the tree tops, my mother's smile…"

Grateful cornea recipient

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